

ROUTING SLIP FOR INVOICES

DATE September 15, 2017

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE August 2017

TO LeBlanc

INITIAL REVIEW J

DATE 9.19.17

FSPS2 REVIEW D. Thomas

DATE 9/21/17

Program Manager 1/2 D. Thomas

DATE 9/21/17

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 9.21.17 EQUIPMENT TO BE TAGGED?

ADVANCE RECOUPMENT?

COMMENTS:

~~Disallow home prenatal care nurse insurance bc not in budget.~~



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received
SEP 15 2017
DCFS
Economic Stability

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

August 2017

Service Period

719685

Contractor/PO#

2000 224936-0817

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 5,066.25	\$ 5,037.69	\$ 10,103.94	\$ 62,856.06	
FRINGE BENEFITS	\$ 10,309.44	501.56 \$ 151,557.59	\$ 754.68	\$ 1,512.23	\$ 8,797.21	
TRAVEL	\$ 1,080.00	\$ 146.88	\$ 70.89	\$ 217.77	\$ 862.23	
OPERATING SERVICES	\$ 60,370.56	\$ 3,342.70	\$ 1,672.90	\$ 5,015.60	\$ 55,354.96	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 7,137.50	\$ 7,300.00	\$ 14,437.50	\$ 79,762.50	
OTHER CHARGES	\$ 434,880.00	\$ 32,235.00	\$ 29,225.00	\$ 61,460.00	\$ 373,420.00	
EQUIPMENT/AC QUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 4,750.00	\$ 9,500.00	\$ 47,500.00	
TOTALS	\$ 730,800.00	\$ 53,435.88 53,435.88	\$ 48,811.16	\$ 102,247.04	\$ 628,552.96	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Dorothy Wallis, President/CEO
Signature of Authorized Contractor Representative and Title

9/14/2017
Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj —	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program
Compliance
Approval
I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.
Debra Homan Program Mgr 9/21/17
Signature and Title of Authorized DCFS Official

Ballou insurance for home prenatal care nurse
Because not in budget *Janine LeBlanc* 9/12/17

Life Choice Project

Coordinated Prenatal Care for
Louisiana's Pregnant Women

September 13, 2017

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion
August 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

Please find attached, our August 2017 Cost Reimbursement Invoice for 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of August 2017.

Also please find attachment Seven updated personnel Activity Report with the proposed changes.

I'm requesting permission to fill the Services Coordinator, with Sanaretha Gray; she has a wealth of knowledge, experience, and expertise in the areas of Auditing, Policy & Procedures, and Human Resources. She's a retired state employee and several years of service was with DHH/Human Resources. She graduated from Delta College in Billing and Coding; she is a valuable asset to the Life Choice Project.

Clerical Support Specialist, with Andrea Venezia; Home Prenatal Care Educator, with J. Moniq Adams; Professional Technical Services, with Emily Ilgenfritz. They are all valuable asset to the Life Choice Project.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at anytime.

I remain,



Dorothy Wallis
Program Administration
Caring to Love Ministries



Life Choice Project

*Coordinated Prenatal Care for
Louisiana's Pregnant Women*

Delivery Confirmation

I, the undersigned, acknowledge receipt of the following:

- **Letter to Ms. Jeanine Le Blanc**
- **One Copy**
- **Cover Letter**
- **July 2017 Budget Revision Request**
- **Cost Reimbursement Invoices for August 2017**
- **Section A: Salary**
- **Section B: Fringe**
 - **FICA**
 - **LCTA – Worker Compensation**
- **Section C: Travel**
- **Section D: Operating Expenses**
 - **Cancelled Checks and Wire Transfers**
- **Section F: Professional services**
 - **Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers**
- **Section G: Other Charges – Coordinated Prenatal Care Services**
 - **Subcontractors' Front Page and Wire Transfer**
- **Section I: Indirect Costs- Project Administrative**
 - **Project Administrator Invoice, Time Study and Bank Statements (ACH)**
- **TANF –MOS Report August 2017**

Please sign and return via scanned or email to dwallis@ctlm.org

Thank You,

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-0817</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>August 2017</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>229</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>204</u>
CUMMULATIVE 1st MONTH PARTICIPANTS	<u>433</u>

SECTION A-SALARY

Services Coordinator	J Monic Adams	1,866.25	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator		0.00	
Clerical Support Specialist	Sanaretha Gray	1,600.00	
	TOTAL SALARIES-Direct Svcs		5,066.25

5,066.25 ✓

SECTION B - FRINGE

Insurance	Direct Services	250.00	
FICA	Direct Services	387.57	
Worker's Compensation	Direct Services	119.98	
	TOTAL FRINGES-Direct Svcs		757.55

507.55
757.55

SECTION C - TRAVEL

Travel	Direct Services	146.88	
	TOTAL TRAVEL-Direct Svcs		146.88

146.88 ✓

SECTION D - OPERATING EXPENSES

Printing	Direct Services	2,007.75 ✓
Office Supplies	Direct Services	0.00
Copy Machine	Direct Services	250.00
Internet Service	Direct Services	195.00
Media	Direct Services	0.00
Website	Direct Services	14.95
KNOWforSURE	Direct Services	875.00
	TOTAL OPERATING EXPENSES FOR MONTH	

3,342.70 ✓

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis 8.31.17	2,200.00	9.11.17
Performance Improvement C	Garcia Bodley 8.20.17	1,200.00	9.11.17
Public Relations/Media Coord	Randy Rice 8.31.17	700.00	9.11.17
Webmaster/Info Tech Cons.	Kathleen Benfield 8.31.17	487.50	9.11.17
Information Technology Cons	Turnkey 8.1.17	250.00	8.16.17
Auditor Services	Michael Choate, CPA	0.00	
	Ham/Lacey/		
Professional Technical Svc	Michelle/Emily/Alexis	2,300.00	

TOTAL PROFESSIONAL

7,137.50

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	204	2,040.00
Positive Pregnancy Test	\$ 10.00	143	1,430.00
Negative Pregnancy Test	\$ 10.00	61	610.00
Abstinence Education	\$ 30.00	61	1,830.00
Counseling	\$ 40.00	129	5,160.00
Referral Services	\$ 10.00	141	1,410.00
Health Risk Assessment	\$ 30.00	141	4,230.00
Care Plan Development	\$ 30.00	143	4,290.00
On-going Care	\$ 30.00	87	2,610.00
Family Support Services	\$ 40.00	82	3,280.00
Home Outreach Support Services	\$ 75.00	43	3,225.00
Birth Outcome Confirmation	\$ 40.00	53	2,120.00

TOTAL OTHER CHARGES

32,235.00

SECTION I - INDIRECT COST

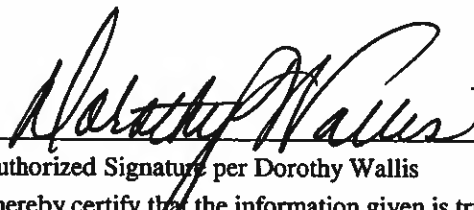
Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		250.00

TOTAL INDIRECT COST

4,750.00

TOTAL INVOICE

\$ 53,435.88


Authorized Signature per Dorothy Wallis
I hereby certify that the information given is true and correct to the best of my knowledge.

Project Administrator

9/14/2017
Date

OFS Approval

Telephone Number

9/14/2017
Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO: OM&F FISCAL
PAYMENT MANAGEMENT/CONTRACTS
PO BOX 3927
BATON ROUGE, LOUISIANA

P.O.# 200 224936 - 0817
ACH Transfer Detail Grid for August 2017

Section	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proff of Electronic Bank Statement	Bank Stmt Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	21-23	24	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	N/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	38	39	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie	41-42	43	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.- Garcia Bodley	44	45	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	46	47	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	48	49	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	52,53.1	53,53.2	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Lacey Bodley	54	55	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	56	57	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	58	59	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	60	61	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	64	66	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	67	69	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	70	72	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	73	75	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	76	78	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	79	81	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	82	84	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	86	87	Gulf Coast Bank & Tst	5



GULF COAST BANK
& Trust Company

LCP CHECKING (100526649)

9/13/2017 8:09 AM (Refresh)

Account Information

Summary Details

Balance	
Previous Day Transactions (-.00/+ .00):	.00
Current Balance:	42,655.81
Holds:	.00
Pending Transactions (-32,985.00/+ .00):	-32,985.00
Other Transfers:	.00
Available Balance:	9,670.81

Transactions

Total debits: -44,844.38 (20), total credits: +.00 (0)

ACH
Page #

Show 50

Date ▾	Description ↕	Debit ↕	Credit ↕	Balance
09/13/2017	August 2017 (Pending)	200.00 55		9,670.81
09/13/2017	August 2017 (Pending)	150.00 61		9,870.81
09/13/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	1,960.00 84		10,020.81
09/13/2017	Ecorp ACH Out RESTORATION PREGNANC (Pending)	4,040.00 81		11,980.81
09/13/2017	Ecorp ACH Out WOMENS LIFE MINISTRI (Pending)	2,305.00 78		16,020.81
09/13/2017	Ecorp ACH Out CATHOLIC CHARITIES (Pending)	1,400.00 75		18,325.81
09/13/2017	Ecorp ACH Out A PREGNANCY CENTER (Pending)	5,070.00 72		19,725.81
09/13/2017	Ecorp ACH Out WOMENS RES CEN NATCH (Pending)	6,430.00 69		24,795.81
09/13/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	11,030.00 66		31,225.81
09/13/2017	Ecorp ACH Out J. HAM INC (Pending)	400.00 53.2		42,255.81
09/11/2017	August 2017	4,500.00 87		42,655.81
09/11/2017	August 2017	2,200.00 43		47,155.81
09/11/2017	August 2017	1,200.00 45		49,355.81
09/11/2017	August 2017	875.00 39		50,555.81
09/11/2017	August 2017	800.00 53		51,430.81
09/11/2017	August 2017	700.00 47		52,230.81
09/11/2017	August 2017	500.00 59		52,930.81
09/11/2017	August 2017	487.50 49		53,430.81
09/11/2017	August 2017	250.00 57		53,918.31
09/11/2017	August Trvl 2017	146.88 24		54,168.31

Additional items prior to 09/11/2017 may be available in the transaction archive.

MEMBER FDIC eStatement/Notice enrollment
© 2001 - 2017 Fiserv, Inc. or its affiliates

EQUAL HOUSING LENDER

VERISIGN

TRUESECURE

CONTACT US

0-C

0-C

1.866.25 x
7.65 z
142.768125 *

PO# 2000 224936

0-C

1.866.25 x
2.36843 z
44.200824875 *

0-C

142.77 +
44.2 +
186.97 *

SECTION A

SALARY

0-C

1.600. x
7.65 z
122.4 *

0-C

1.600. x
2.36843 z
37.89488 *

0-C

122.4 +
37.89 +
160.29 *

0-C

186.97 +
160.29 +
160.29 +
507.55 *

0-C

4:20 PM

09/04/17

Caring To Love Ministries

LCP Payroll Summary

August 2017

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	TOTAL
Employee Wages, Taxes and Adjustments				
Gross Pay				
Care Pregnancy Clinic Salary	1,866.25	1,933.08	2,874.68	6,674.01
Total Gross Pay	1,866.25	1,933.08	2,874.68	6,674.01
Deductions from Gross Pay				
Health Insurance (taxable)	0.00	0.00	-452.22	-452.22
Total Deductions from Gross Pay	0.00	0.00	-452.22	-452.22
Adjusted Gross Pay	1,866.25	1,933.08	2,422.46	6,221.79
Taxes Withheld				
Federal Withholding	-1.00	-223.00	-313.00	-537.00
Medicare Employee	-27.06	-28.03	-41.69	-96.78
Social Security Employee	-115.70	-119.85	-178.23	-413.78
LA - Withholding	-41.01	-54.86	-65.56	-161.43
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
Total Taxes Withheld	-184.77	-425.74	-598.48	-1,208.99
Net Pay	1,681.48	1,507.34	1,823.98	5,012.80
Employer Taxes and Contributions				
Medicare Company	27.06	28.03	41.69	96.78
Social Security Company	115.70	119.85	178.23	413.78
Total Employer Taxes and Contributions	142.76	147.88	219.92	510.56

Position-Direct Services	Employee Name	Salary	Blue Cross	FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	J Monic Adams	1866.25		142.77	44.20	186.97	2053.22
Home Prenatal Care Nurse	Kim Hardee	1600.00	250.00	122.40	37.89	410.29 160.29	2010.29
Home Prenatal Care Educator		0		0	0	0	0
Clerical Support	Sanaretha Gray	1600.00		122.40	37.89	160.29	1760.29
TOTALS		5066.25	250.00	387.57	119.98	757.55 501.55	5823.80

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

Attachment 7: Personnel Activity Report

Administrative Staff	
Project Administrator	Dorothy H. Wallis
Accounting Services	Vickie Davis
Programmatic Staff	
Services Coordinator	Sanaretha Gray
Home Prenatal Care Nurse	Kim Hardee, RN
Home Prenatal Care Educator	J. Moniq Adams
Clerical Support Specialist	Andrea Venezio
Contracted Professional Services	
Performance Improvement Coordinator	Garcia Bodley/Resources for Communities
Professional Technical Services/QA Supervisor	Jennifer Ham
Professional Technical Services/QA Specialist	Lacey Bodley
Professional Technical Services/QA Specialist	Alexis Farrugia
Professional Technical Services/QA Specialist	Emily Ilgenfritz
Other Professional/Technical Support Services	
Public Relations/Media Consultant	Randy Rice
Web-based Communications Consultant	Kathleen Benfield/Kathleen Benfield Consultants
Computer Services Technical Support	TurnKey
Auditor	Michael Choate, CPA

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

Whitney BATON ROUGE,
 LOUISIANA

9323

84-15654

8/7/17

PAY TO THE
 ORDER OF

Jashonda Monic Adams

\$ 855.19

Eight Hundred Fifty-Five and 19/100

DOLLARS

Jashonda Monic Adams
 11825 Sherwood Valley Ct
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS
 STAR ACCOUNT

MEMO

Pay Period: 07/16/17 - 07/31/17

009323

048235585

DO NOT WRITE. STAMP ON SIDE BELOW THIS LINE
 AT THE BOTTOM FOR FILING AND NOTIFICATION USE

Jashonda Adams

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1886.25 for month



009325

DO NOT WRITE, STAMP OR SIGN BT, JET, 3 LINE
RESERVED FOR F.M.A.I.L. ADDRESS

John A. Adams

LCP Budget to reimburse CTLM =\$1886.25 for month

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROPRINTED SERIAL

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124	WHITNEY BATON ROUGE, LOUISIANA 84-15/554	9319 8/7/17 \$ 976.46
PAY TO THE ORDER OF Kim A Hardee		
Nine Hundred Seventy-Six and 46/100		
Kim A Hardee 15947 Haynes Bluff Ave Baton Rouge, LA 70817	VOID AFTER 60 DAYS STAR ACCOUNT <i>[Signature]</i> AUTHORIZED SIGNATURE	
MEMO Pay Period: 07/16/17 - 07/31/17		

⑈009319⑈

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RECEIVED FOR DEPOSIT AND CASH

07/16/17

>065000090<
CAPITAL ONE, NA
08172017
RICHMOND, VA 10521
Deposit

07/16/17

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

WALMART BATON ROUGE, LOUISIANA

9330

84-15554

8/21/17

PAY TO THE ORDER OF Kim A Hardee

\$ 847.52

Eight Hundred Forty-Seven and 52/100

DOLLARS

Kim A Hardee
15947 Haynes Bluff Ave
Baton Rouge, LA 70817

VOID AFTER 60 DAYS
STAR ACCOUNT

MEMO

Pay Period: 08/01/17 - 08/15/17

Kim A Hardee
AUTHORIZED SIGNATURE

⑈009330⑈

IPMorgJnChaseBank ⑈009330⑈ 08/21/17

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE

Kim A Hardee

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

11

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

9318

BATON ROUGE, LOUISIANA

84-154854

8/7/17

PAY TO THE ORDER OF Sanaretha A Gray \$ 741.50

Seven Hundred Forty-One and 50/100 DOLLARS

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 60 DAYS
STAR ACCOUNT

[Signature]
AUTHORIZED SIGNATURE

MEMO Pay Period: 07/16/17 - 07/31/17

⑈009318⑈ ⑆065400153⑆

E Federal CU
BOFD RT:295473511
Account
08/09/2017 02:16:56 (-05:00) PM
Item:091415524798

08/09/2017 02:16:56 (-05:00) PM

08/09/2017 02:16:56 (-05:00) PM

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

BATON ROUGE, LOUISIANA
84-15734
8/21/17

PAY TO THE ORDER OF Sanaretha A Gray \$ 765.84

Seven Hundred Sixty-Five and 84/100 DOLLARS

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 60 DAYS
STAR ACCOUNT

MEMO Pay Period: 08/01/17 - 08/15/17

009329 065400153

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE

0 FIDUCIARY HERE

Sanaretha A Gray

E Federal CU
BOFD RT 28473611
Account: [REDACTED]
08/22/2017 12:38:02 (-08:00) PM
Item: 221297517121

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

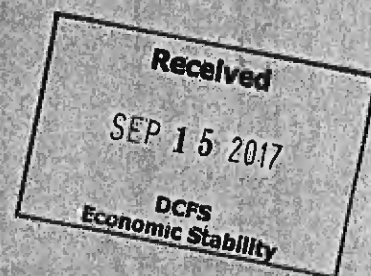
LCP Budget to reimburse CTLM = \$1600.00 for month

13

PO# 2000 224936

SECTION B

FRINGES



GBS5638 1000186020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.**Group Payment Notice****CARING TO LOVE MINISTRIES**

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814



Group ID : 27861ERC
Subgroup ID : 0000

Due Date: 08/15/2017
Billing Date: 07/31/2017

Invoice Period From : 08/15/2017
Invoice Period Through: 09/14/2017
Invoice Number : 172120004489

Subscriber Count: 2

Outstanding Balance..... \$0.00
Premiums This Period..... \$2,134.03
Member Adjustments..... \$292.43
Fees and Other Adjustments..... \$0.00
Current Billed Amount..... \$2,426.46

Please Pay Total Amount Due**\$2,426.46**


04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana Incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ⇨

SECTION B-FRINGS-Insurance**LCP Budget to reimburse CTLM = \$250.00 for month**

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTANT PAPER WITH MICROPRINTED BORDER

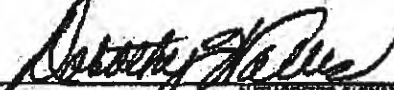
CARING TO LOVE MINISTRIES OPERATING ACCOUNT 3813 N. PLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124	 BATON ROUGE, LOUISIANA	17668
	84-18/064	8/10/17

PAY TO THE ORDER OF Blue Cross Blue Shield \$ 2,426.46

Two Thousand Four Hundred Twenty-Six and 48/100 ***** DOLLARS

Blue Cross Blue Shield
P.O. Box 650007
Dallas , TX 75265

VOID AFTER 60 DAYS
OPERATING ACCOUNT


AUTHORIZED SIGNATURE

MEMO Group ID 27A61ERC Subgroup 0000 8/15/17-9/14/

THIS DOCUMENT CONTAINS VOID MICROPRESSURE INK - PHOTOCOPYING WILL REVEAL ALL INFORMATION CONTAINED HEREIN

⑈017668⑈ ⑆069400153⑆

000102 049 081517 1088

27A61ERC DAL

0712305424/12

081517 212204 049 098

CRED TO PAYEE

ABS END GUAR

SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00* for month



Electronic Federal Tax Payment System

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TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

270764810774711

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q3/2017
Payment Amount	\$2,901.14
Settlement Date	09/05/2017
Subcategories:	
1 Social Security	\$1,675.32
2 Medicare	\$391.82
3 Tax Withholding	\$834.00
Account Number	xxxxx6585
Account Type	CHECKING
Routing Number	085400153
Bank Name	WHITNEY BANK

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PO# 2000 224936-0817

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$387.57 for month

PO# 2000 224936-0817

Section B-Fringes Worker's Comp



LCTA CASUALTY INSURANCE COMPANY

SELF-REPORTING WORKSHEET

Workman's Comp Life Choice \$119.98 Section B

CTLTM \$156.02

Total= \$276.00

Page 2 of 2
Print Date: 8/25/2017

Care Pregnancy Clinic
Caring to Love Ministries Inc
3813 N Flannery
Baton Rouge, LA 70814

Agent: 576
Ozark South Central Insurance
(225)775-7614

Carrier Policy #: WC-1-019438-117
Rating State: LA
Payment Due: 9/15/2017

Policy No.: 001000019438117

Division: 0

Policy period: 1/01/2017 - 1/01/2018
Reporting Period: 8/01/2017 - 8/31/2017

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium	
8810	Clerical Office Employees Noo	5567.68	.29	16.15	
8864	Social Svcs Org-All Employees	10,082.93	2.58	260.14	
Life Choice = \$119.98 CTLTM = \$156.02 TOTAL = \$276.00					
**** If no payrolls, report "none" ****					
Discounts included in lines (9) (13):		(6) Total Manual Premium			276.29
		(7) Increased Limits .000%			+
		(8) Subtotal			276.29
		(9) Discount factor before modifier			x 1.000
		(10) Subtotal			276.29
Months not reported:		(11) Experience Modifier			x
		(12) Subtotal			276.29
		(13) Discount factor after modifier			x 1.000
Make check payable to: LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(14) Total Premium Due			276.29
		(15) Less Cents to round			< .297
		(16)			+
		(17) Previous Balance			+.00
		(18) Total Due			276.00

For billing inquiries, call: PREMIUM ACCT 225-242-4443

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie DavisTitle: AccountantDate: 9/4/17

18

Copy of payment receipt from LCTA WORKERS COMP

BusinessServices@intuit.com

Thu 9/7/2017 9:44 AM

To: luv luv <luv@ctlm.org>;

Dear Care Pregnancy

Below is the sales receipt provided to you by LCTA WORKERS COMP

Transaction Receipt			
Transaction Type	Sale	Amount:	\$276.00
Name:	Care Pregnancy	Date & Time:	09/07/2017 - 07:43 PDT
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	152-515	Transaction ID:	a0ghxzs3

Thank you for your order,
LCTA WORKERS COMP

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA WORKERS COMP to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$276.00 on or after 09/07/2017 - 07:43 PDT . If you have any questions about this payment or your authorization, you may contact LCTA WORKERS COMP at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-0817**Section B-Fringes-Worker's Comp****Page 2 of 2****SECTION 1-FRINGS-Worker's Comp****LCP Budget to reimburse CTLM = \$119.98 for month**

PO# 2000 224936

0 • C

0 • C

SECTION C

TRAVEL

14 • +

14 • +

17 • +

17 • +

13 • +

13 • +

8 • +

8 • +

11 • +

11 • +

7 • +

7 • +

40 • +

40 • +

7 • +

7 • +

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13 • +

14 • +

14 • +

288 • x

0 • 51 =

146 • 88 *

0 • C



TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

The statement on the reverse side must be completely filled by the traveler or to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

ADDRESS

CITY

DATE OF TRIP

DEPARTMENT

DIVISION

SECTION

FOR PERIOD

8-31-17

Travel

Travel

8/1/17- 8/31/17

Expense Summary

Automobile:	Lump-Sum Allowance		\$	
	Per Mile Cost: 2.88	mi. @ .51	\$	
		mi. @ .51	\$ 146.88	\$ 146.88
Subsistence:	Lodging		\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		\$	\$
Tolls and Parking				\$
Tips (for baggage handling only)				\$
Other Expenses				\$
Less: Travel Advance				\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients.			\$ 146.88

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

Leahonda Adams
SIGNED BY PAYEE

LCP Service Coordinator
TITLE OR POSITION

E. Baton Rouge
OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis
NAME

Dorothy Wallis
SIGNED BY:

CEO/President
TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

ACH = \$146.88

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel

BA-12 (3/97)

August 2017

Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance			Tolls and		Other Expenses	
	Dep	Arr		Depart	Arrive		Lodging	No.	Cost	Meals	Parking	Tips	Description
8/9/2017	12:06:00 PM	12:36:00 PM	3813 N Flannery Rd, BR, LA, 70814 to 1002 Chipley St, Baker, LA 70714	110827	110841	14							On this day she called as I made it to her street and said that she could not have the visit and to reschedule for tomorrow
8/9/2017	12:36:00 PM	1:14:00 PM	1002 Chipley St, Baker, LA 70714 to 3813 N Flannery Rd, BR, LA, 70814	110843	110857	14							As she was called into work.
8/10/2017	11:06:00 AM	11:40:00 AM	3813 N Flannery Rd, BR, LA, 70814 to 1002 Chipley St, Baker, LA 70714	110909	110923	14							
8/10/2017	12:33:00 PM	1:13:00 PM	1002 Chipley St, Baker, LA 70714 to 3813 N Flannery Rd, BR, LA, 70814	110923	110937	14							
8/14/2017	1:20:00 PM	2:00:00 PM	3813 N Flannery Rd, BR, LA, 70814 to 25601 Palmwood Ct Denham Springs, LA, 70726	111134	111151	17							
8/14/2017	2:20:00 AM	2:50:00 PM	25601 Palmwood Ct Denham Springs, LA, 70726 to 3813 N Flannery Rd, BR, LA, 70814	111151	111168	17							
8/16/2017	9:58:00 AM	10:23:00 AM	3813 N Flannery Rd, BR, LA, 70814 to 8701 Pecan Tree Dr, BR, LA, 70810	111278	111291	13							
8/16/2017	11:23:00 AM	11:50:00 AM	8701 Pecan Tree Dr, BR, LA, 70810 to 3813 N Flannery Rd, BR, LA, 70814	111291	111304	13							
8/18/2017	9:57:00 AM	10:17:00 AM	3813 N Flannery Rd, BR, LA, 70814 to 4931 Pinehill Dr, BR, LA, 70814	111365	111373	8							
8/18/2017	10:28:00 AM	10:59:00 AM	4931 Pinehill Dr, BR, LA, 70814 to 3813 N Flannery Rd, BR, LA, 70814	111373	111381	8							
8/18/2017	1:35:00 PM	2:02:00 PM	3813 N Flannery Rd, BR, LA, 70814 to 6422 Casper St, BR, LA, 70805	111383	111394	11							
8/18/2017	2:45:00 PM	3:15:00 PM	6422 Casper St, BR, LA, 70805 to 3813 N Flannery Rd, BR, LA, 70814	111394	111405	11							
8/24/2017	11:20:00 AM	11:37:00 AM	3813 N Flannery Rd, BR, LA, 70814 to 7626 Airline Hwy BR, LA 70814	111702	111709	7							
8/24/2017	12:05:00 PM	12:22:00 PM	7626 Airline Hwy BR, LA 70814 to 3813 N Flannery Rd, BR, LA, 70814	111709	111716	7							

Total Miles Traveled
Rate per Mile

140

ACH = \$146.88

Page 2 of 2 Travel Expense Form										P.O.# 2000 224936 SECTION C - Travel									
BA-12 (3/97) August 2017																			
Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance			Meals		Tolls and Parking		Other Expenses					
	Dep	Arr		Depart	Arrive		Lodging	No.	Cost	No.	Cost	Tips	Description	Cost					
8/25/2017	12:50:00 PM	1:58:00 PM	3813 N. Flannery Rd, BR, LA, 70814 to 4437 Bonnett St, Fordoche, LA	111745	111785	40													
8/25/2017	2:15:00 PM	3:20:00 PM	4437 Bonnett St, Fordoche, LA to 3813 N. Flannery Rd, BR, LA, 70814	111785	111825	40													
8/29/2017	10:09:00 AM	10:21:00 AM	3813 N. Flannery Rd, BR, LA, 70814 to 10706 Florida Blvd, BR, LA, 70816	112134	112138	4													
8/29/2017	10:43:00 AM	10:54:00 AM	10706 Florida Blvd, BR, LA, 70816 to 3813 N. Flannery Rd, BR, LA, 70814	112138	112142	4													
8/30/2017	11:20:00 AM	11:32:00 AM	3813 N. Flannery Rd, BR, LA, 70814 to 10795 Mead Rd, BR, LA 70816	112151	112158	7													
8/30/2017	12:12:00 PM	12:20:00 PM	10795 Mead Rd, BR, LA 70816 to 3813 N. Flannery Rd, BR, LA, 70814	112158	112165	7													
8/31/2017	9:32:00 AM	10:00:00 AM	3813 N. Flannery Rd, BR, LA, 70814 to 2035 Tennessee St, BR, LA, 70802	112184	112197	13													
8/31/2017	10:35:00 AM	11:06:00 AM	2035 Tennessee St, BR, LA, 70802 to 3813 N. Flannery Rd, BR, LA, 70814	112197	112210	13													
8/15/17	3:35 pm	4:10 pm	3813 N. Flannery Rd, BR, LA 70814 to 19056 Plank Rd, Baker, LA	111226	111240	14													
			19056 Plank Rd, Baker, LA to 3813 N. Flannery Rd, BR, LA 70814	111240	111254	14													
						0													
						0													
8/24/2017						0													
8/24/2017						0													

Summary: 288 miles
x .51
\$146.88

148
0.51

Total Miles Traveled
Rate per Mile
Total Amount to Bill

ACH = \$146.88

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GULF COAST BANK
& Trust Company

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Transfer Confirmation as of 09/08/2017 9:44 AM

CARE PREGNANCY CLINI	
Transfer Date:	09/11/2017
Transfer Amount:	146.88
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	118379776
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	146.88
Important: You May Want to Print this Page for Future Reference.	

MEMBER FDIC eStatement/Notice enrollment EQUAL HOUSING LENDER VERISIGN TRUSECURE CONTACT US
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website

adAmerica 163.95

Wufoo - 14.95

media

adchoice 174.00

PO# 2000 224936

printing print+copy 1669.80

copy machine - delage 250.00

SECTION D

internet - cell 195.00

OPERATING EXPENSES

KnowforSure 875.00

0.00	0.00
0.00	
163.95	+
14.95	+
178.90	*
0.00	
178.90	+
174.00	+
1,669.80	+
250.00	+
195.00	+
875.00	+
3,342.70	*
0.00	

0.00	
0.00	
163.95	+
174.	+
1,669.8	+
2,007.75	*
2,007.75	+
250.	+
195.	+
14.95	+
875.	+
3,342.7	*
0.00	

Ad America[★]

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
8/1/2017	225337

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0817		Page 1 of 6	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			
Plus 1669.80 Print & Copy equals \$2007.75			
		Total	\$163.95

Ad America[★]

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18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575
Fax: 866 324-5531

Date	Invoice #
8/1/2017	225336

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0817		Page 2 of 6	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			
Plus 1669.80 Print & Copy equals \$2007.75			
		Total	\$174.00

Ad America

Bill To:
Caring to Love Ministries
NA
NA, NA 00000

Ship To:

Account : XXXXXXXXXXXXX0848
Trx Type : Sale
Order : VT911201715429
Auth : APPROVED 02916G

Amount : \$331.95
Tax : \$0.00
Total : \$331.95

+ \$6.⁰⁰ = 337.95 (see next page)

*Vendor made error when
processing payment.*

Cardmember Acknowledges Receipt Of
Goods and/or Services In The Amount Of
The Total Shown Hereon And Agrees To
Perform The Obligations Set Forth By The
Cardmember's Agreement With The Issuer

X_____

PO# 2000 224936-0817

Page 3 of 6

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America

Plus 1669.80 Print & Copy equals \$2007.75

Ad America

Bill To:
Caring to Love Ministries
NA
NA, NA 00000

Ship To:

Account : XXXXXXXXXXXXX0848
Trx Type : Sale
Order : VT912201795512
Auth : APPROVED 05384G

Amount : \$6.00 + * 331.95 = * 337.95 (see previous page)
Tax : \$0.00
Total : \$6.00

Cardmember Acknowledges Receipt Of
Goods and/or Services In The Amount Of
The Total Shown Hereon And Agrees To
Perform The Obligations Set Forth By The
Cardmember's Agreement With The Issuer

X_____

PO# 2000 224936-0817

Page 4 of 6

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 1669.80 Print & Copy equals \$2007.75



Invoice
 Invoice Number:
 27693
 Invoice Date:
 Aug 1, 2017
 Page:
 1

Sold To:
 Caring to Love Ministries
 3813 N Flannery Rd
 Baton Rouge, LA 70814

Ship to:

Customer ID		Customer PO	Payment Terms	
127225			Net 10 Days	
Sales Rep ID		Job #	Ship Date	Due Date
		19207		8/11/17
Quantity	Item	Description	Unit Price	Extension
1.00		2500 Multi Form Intake	843.00	843.00
1.00		2500 Consent form	480.00	480.00
1.00		1000 Tanf EZ	195.00	195.00
PO# 2000 224936-0817			Page 5 of 5	

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America	Subtotal	1,518.00
	Sales Tax	151.80
Plus 1669.80 Print & Copy equals \$2007.75	Total Invoice Amount	1,669.80
Check/Credit Memo No:	Payment/Credit Applied	
	TOTAL	1,669.80

We appreciate your business!
 13231 Coursey Boulevard • Baton Rouge, LA 70816 • Offc: 225.752.8415 • Fax: 225.752.6336
 E-mail: pccenter@bellsouth.net

30

CARING TO LOVE MINISTRIES
OPERATING ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LA 70814
 (225) 273-1124

BATON ROUGE, LOUISIANA

17675

84-15/854

8/17/17

PAY TO THE
 ORDER OF

The Print & Copy Center

\$ 1,669.80

One Thousand Six Hundred Sixty-Nine and 80/100

DOLLARS

The Print & Copy Center
 13231 Coursey Blvd
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS
 OPERATING ACCOUNT

MEMO

Cust ID 127225 - LCP forms: 2500 intake, 2500 con

⑈017675⑈ ⑈065400153⑈

FOR DEPOSIT ONLY
 THE PRINT & COPY CENTER
 13231 COURSEY BLVD
 BATON ROUGE, LA 70816
 (225) 273-1124

PO# 2000 224936-0817

Page 6 of 6

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 1669.80 Print & Copy equals \$2007.75

31



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 55878260
Due Date: 09/15/2017
Due This Period: \$555.75

Amount Enclosed: \$ _____

Please make check payable to:

CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



2100000558782600000555755

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25427116
Invoice Number: 55878260
Account Number: 854059
Site Number: 3951293
Invoice Date: 08/20/2017
Period of Performance: 08/15/2017-09/14/2017
Due This Period: \$555.75

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- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF68491		TOSHIBA / ES3505AC	25427116_1				\$294.56	\$29.46	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	DRL28209		CANON / IR1025IF	25427116_3				\$27.76	\$2.78	\$30.53
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	IRP09682		CANON / IRA4035	25427116_2				\$158.58	\$15.88	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										

SECTION D-Operating Expense-Copy Machine

Asset Amount Total: \$528.99

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

Dorothy Wallis
ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date	9/05/2017
Payment Method	CTLM Operating WHITNEY BANK *****6569
Total Payment	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Friday, September 01, 2017 12:00 PM ET will be posted on Friday, September 01, 2017. Payments confirmed after Friday, September 01, 2017 12:00 PM ET will be posted on Tuesday, September 05, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation Number	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3104836213	854059-3951293	8/20/2017	55878260	9/15/2017	\$555.75	\$555.75

PO# 2000 224936-0817

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

**INVOICE**

Name	Life Choice Project
Address	3813 N. Flannery Road
City	Baton Rouge
Phone	225-273-1124

Date 8/31/2017

SubTotal	\$ 195.00
-----------------	------------------

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

TOTAL	\$ 195.00
--------------	------------------

Office Use Only



at&t

CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page 1 of 2
Account Number 171-800-0934 001
Billing Date Aug 19, 2017
Questions? 1 800 358-1111
Web Site att.com

Invoice 7884638308
AT&T Tax ID 13-4924710

Invoice

Bill-At-A-Glance

Previous Bill	699.40
Payment - Thank You!	699.40CR
Adjustments	.00
Balance	.00
Current Charges	700.72
Total Amount Due	\$700.72
Payment Due Date	Sep 18, 2017

Billing Summary

For detailed information of your charges go to
www.businessdirect.att.com

Questions? Call: 1 800 358-1111

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge
Sub-Account #829-000-2551 191 666.22
Sub-Account #831-000-8867 906 34.50
Total Group #000001 700.72
Total Current Charges 700.72

News You Can Use

News You Can Use

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration if a service interruption has caused an interruption. This fee will be applicable to each account that is being restored and

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

News You Can Use

ACCOUNT STATUS - Continued
will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/servicelibrary/business/ext/state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

This invoice is in reference to the AT&T Garage Contribution Agreement Amendment 1 between Amdocs, Inc. and AT&T Mobility, LLC. Terms of this payment are covered under Section 3 (e) of the Amended Agreement, AT&T Benefits.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detaffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at:
<http://www.att.com/business/agreement>. Important limits of liability



vickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: g45809@att.com
To: vickiebdavis@gmail.com
Sent: Sep 5, 2017 11:36:44 AM EDT
Subject: RE: I need to pay our invoice by credit card when you get this email for Caring To Love Ministries

Make a Payment

Account: [REDACTED]
 Bill Name: **CARING TO LOVE MINISTRIES**

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Checking ...6569 WHITNEY BANK CARING TO LOVE MINISTRIES ...6569	5KY7CSR1103Z7C0	09/05/17	\$700.72

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
7864638308	700.72	700.72	700.72

Regards,
 Damon Sandness
 AT&T MERK Escalation Team
 Tel.: (866) 502-9421
 Email: ds565d@att.com

"This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited."

From: Vickie Davis [mailto:vickiebdavis@gmail.com]
Sent: Friday, September 01, 2017 10:59 PM
To: MWSE_PCG_Collections <G45809@att.com>
Subject: I need to pay our invoice by credit card when you get this email for Caring To Love Ministries

I am the accountant from Caring to Love Ministries. Our Account # is 171-800-0934-001. I need to pay our invoice # 7864638308 dated 8/19/17 for \$700.72 when you receive this email.

Can you call me so I can make a payment over the phone with you using our CTLM Business credit card? I will need a receipt emailed back to me for proof of payment.

LCP Budget to reimburse CTLM = \$195.00 AT&T

Thank you for your help.

Wufoo.com Bill #2308800

*** Paid by Credit Card \$14.65 Wufoo.com ***

Wufoo Billing <no-reply@wufoo.com>

Sun 8/20/2017 10:03 AM

To: webdevelopment webdevelopment <webdevelopment@ctim.org>; luv luv <luv@ctim.org>;

Wufoo!

Infinity Box Inc.

3050 South Delaware Street
San Mateo, CA 94403
United States

Billed To:

Dorothy H Wallis
3813 N. Flannery Road
70814
United States

2017-08-20**Transaction ID : # 2308800****Wufoo Bill**

Thanks for your payment! This email confirms that your credit card ending in **0848** was charged **\$14.95** for your Wufoo subscription. This transaction will appear on your credit card statement from **"Wufoo.com/charge"** Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to billing@wufoo.com.

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See [/docs/cancel/]Cancellation Information for more details.

Thanks again for using Wufoo and happy form building!

The Wufoo Team**Description :**

Wufoo Subscription - From : August 20, 2017 to September 20, 2017

Price : \$14.95**Amount Paid :
\$14.95****Account Name :
ctim**

If you would like to view past bills, change your billing details or cancel payments, [login](#) to Wufoo and click on the Account tab at the top to view and make changes to your billing preferences at any time.

Sources for Women

**A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814**

Invoice No. LCP 08/31/2017
P.O.# 2000 224936

INVOICE

Customer

Name	Life Choice Project		
Address	3813 N. Flannery Road		
City	Baton Rouge	State	LA
Phone	225-273-1124	ZIP	70814

Date 8/31/2017

[illegible]

Payment

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

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SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

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Transfer Confirmation as of 09/07/2017 5:41 PM

KNOW FOR SURE Transfer Date: 09/11/2017 Transfer Amount: 875.00 From Account Nickname: LCP CHECKING From Institution R/T Number: [REDACTED] From Account Type: Demand Deposit From Account: [REDACTED] To Institution R/T Number: [REDACTED] To Account Type: Demand Deposit To Account: [REDACTED] Confirmation Number: [REDACTED] Status: Approved		Transfer Summary Number of Transfer Items: 1 Total of Transfer Amounts: 875.00 Important: You May Want to Print this Page for Future Reference.
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SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

39

PO# 2000 224936

SECTION F

PROFESSIONAL

0-C

0-C

0-C

800. +

400. +

200. +

250. +

500. +

150. +

2,300. *

2,300. +

2,200. +

1,200. +

700. +

487.5 +

250. +

7,137.5 *

0-C



Direct Mailing Services, Inc.

ACH = \$2200.00

Invoice12562 N Lake Shore Dr
Walker, LA 70785

Date	Invoice #
8/31/2017	555

Bill ToLife Choice Project
CTLM
3813 N Flannery Rd
Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services for August 2017	2,200.00	2,200.00
Thank you for the opportunity to serve you!		Total	\$2,200.00

Life Choice Project
 Caring To Love Ministries
 PO # 2000 224936-0717
 August 2017

ACH = \$2200.00

Detailed Description for Professional: Accounting Services

		Direct Mailing Services (Vickie Davis)	\$ 2,200.00
<u>Date</u>	<u>Hours</u>	<u>Description</u>	
8/1/2017	8	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
8/7/2017	10	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
08/08-08/10/2017	14	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
8/14/2017	8	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 3 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
8/21/2017	8	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
8/28/2017	9	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
8/31/2017	6	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
	<u>63</u>	<u>Total Hours Worked</u>	

ACH = \$2200.00

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Transfer Confirmation as of 09/07/2017 5:42 PM

DIRECT MAIL SERVICE		Transfer Summary	
Transfer Date:	09/11/2017	Number of Transfer Items:	1
Transfer Amount:	2,200.00	Total of Transfer Amounts:	2,200.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	[REDACTED]		
Status:	Approved		

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Resources for Communities

Garcia Bodley
P.O. Box 73215
Baton Rouge, LA 70874
Phone: (225) 328-1965

Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814
(225) 273-1124

INVOICE

Invoice #: 2017-800

For: Services: August, 2017

Location: Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
8/7, 8/8	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
8/2, 8/10, 8/23	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	2		
ongoing	Development and editing of E-Choice Month Newsleter	6		
8/9, 8/20	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		16	\$ 75.00	\$1,200.00

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Transfer Confirmation as of 09/07/2017 5:43 PM

WOMEN RESOURCES COMM		Transfer Summary	
Transfer Date:	09/11/2017	Number of Transfer Items:	1
Transfer Amount:	1,200.00	Total of Transfer Amounts:	1,200.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	[REDACTED]		
Status:	Approved		

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PO# 2000 224936-0817 Section F-Professional-Performance Improv Page 2 of 2

ACH = \$1200.00

45

Randy Rice and Associates ACH = \$700.008221 Summa Ave Suite C
Baton Rouge, LA 70809-3451**Invoice**

DATE	INVOICE #
8/31/2017	13910

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
<p>August PR Invoice</p> <p>Life Choice: LPC Public Relations 20.50 Hrs @ \$39.00 per hour</p> <p>4-Gathering of ratings for Radio and/or Television for each station 8-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 8-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 8-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 8-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 8-18-16 1.5-Send discrepancy notices for all spots not ran correctly 8-18-16 1-Issuance of credit in the event spots ran incorrectly 8-18-16 1-Arrange for Deliverables 8-18-16 1.5-Processing and delivery of Deliverables 8-18-16</p>	700.00
Thank you for your business.	Total \$700.00

ACH = \$700.00

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Transfer Confirmation as of 09/07/2017 5:43 PM

RANDY RICE & ASSOC		Transfer Summary	
Transfer Date:	09/11/2017	Number of Transfer Items:	1
Transfer Amount:	700.00	Total of Transfer Amounts:	700.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	116372161		
Status:	Approved		

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ACH = \$487.50

Invoice**Kathleen Benfield Consultants**

P.O. Box 10305
New Orleans, LA 70181

Invoice #: 201168
Invoice Date: 8/31/2017

Terms	Net 30
-------	--------

Bill To:

Life Choice Project
Dorothy Wallis
3813 N. Flannery Rd.
Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for August, 2017 including training, modifications to web based database, reporting and technical support			0.00
Database upgrade	75.00	3	225.00
08/01/17 Center technical support	75.00	0.5	37.50
08/02/17 Center technical support	75.00	1	75.00
08/21/17 Technical support	75.00	1	75.00
08/31/17 Technical support	75.00	1	75.00
Total			\$487.50

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

Balance Due **\$487.50**

ACH = \$487.50

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Transfer Confirmation as of 09/07/2017 5:44 PM

K BENFIELD & ASSOC Transfer Date: 09/11/2017 Transfer Amount: 487.50 From Account Nickname: LCP CHECKING From Institution R/T Number: [REDACTED] From Account Type: Demand Deposit From Account: [REDACTED] To Institution R/T Number: [REDACTED] To Account Type: Demand Deposit To Account: [REDACTED] Confirmation Number: 116379874 Status: Approved		Transfer Summary Number of Transfer Items: 1 Total of Transfer Amounts: 487.50 Important: You May Want to Print this Page for Future Reference.
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Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



PAID
By CC ... 0848
8/16/17

Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date:	Invoice
08/01/2017	10028680

Terms	Due Date	PO Number	Reference
Net 30 days	08/31/2017		Monthly Billing for August

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"
SEATS INCLUDED: 7
HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- * The full TKS Partner Pulse Process
- * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- * Network Security & Risk Assessment Scheduled regularly throughout the year
- * TKS' Gold Standard Implementation at no extra cost
- * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- * Offsite monitoring and log review of your firewall
- * 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions
- * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring
- * Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- * Remote support to restore service is included and not billable
- * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- * Unlimited remote Server Administration, User Account Management
- * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- * Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- * All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- * Not included, available separately

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 or use https://www.billandpay.com/go/turnkey Thank you!	Invoice Subtotal:	1,131.04
	Sales Tax:	112.82
	Invoice Total:	1,243.86

Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

LCP Budget to reimburse CLEM - \$50,000

50

Payment Receipt
TurnKey Solutions, LLC
11911 Justice Ave
Baton Rouge, LA 70816
225-751-4444
ar@turnkeysol.com

Date: 08/16/2017

Confirmation Code: 1280125-6588-1645096887

Customer: Caring To Love Ministries

Amount: \$1,243.86

Name On Account: Dorothy H. Wallace

Account: Credit Card *****0848

Item	Date Created	Due Date	Amount Paid
			\$1,243.86

Section F Professional-Information Technology Cons.-Turnkey

LCP Budget to reimburse CTLM = \$250.00

ACH \$800+\$200+\$400+\$250+\$500+\$150=\$1900.00
2300.00

J HAM ENTERPRISES, INC.

INVOICE

Date: August 31, 2017

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
812 Sandy Lane
Ruston, LA 71270

Description

Pregnancy Help Center Consulting
August 2017
27 hours @ \$30.00 per hour

Amount Due:

\$800.00

Summary description of activities by category:

Hours	Activity
10	Daily compilation and submission of center client visits
8	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
3	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping



ACH \$800+\$200 +~~400~~ +\$250+\$500+\$150 = ~~\$1900.00~~ ^{\$2300.00}

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Transfer Confirmation as of 09/07/2017 5:45 PM

J. HAM INC	
Transfer Date:	09/11/2017
Transfer Amount:	800.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	116387711
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	800.00
Important: You May Want to Print this Page for Future Reference.	

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ACH \$800+\$400+\$200+\$250+\$500+\$150=\$2300.00

J HAM ENTERPRISES, INC.

INVOICE

Date: August 30, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries

3813 North Flannery Rd.

Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.

812 Sandy Lane

Ruston, LA 71270

Description

Coordinate Pregnancy Resource Development

August 2017

13.3 hours @ \$30.00 per hour

Amount Due:

\$400.00

Summary description of activities by category:

Hours	Activity
5	Assisting new centers with paperwork flow and policy
2	Consultation with center directors regarding reporting
6.3	Review of documents

ACH \$800+\$400+\$200+\$250+\$500+\$150=\$2300.00

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Transfer Confirmation as of 09/12/2017 10:11 AM

J. HAM INC		Transfer Summary	
Transfer Date:	09/13/2017	Number of Transfer Items:	1
Transfer Amount:	400.00	Total of Transfer Amounts:	400.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	63526		
Status:	Approved		

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53.2

ACH \$800+\$400+\$200+\$250+\$500+\$150=\$2300.00

Batch	Name	Account	Identification	Discretionary	Amount	Routine/Transit	Effective Date	Transaction Code
0000001	Caring To Love August 2017	100526649			200.00	265070435	9/13/2017	27 Demand Auto Payment
0000001	Lacey Bodley August 2017	0927608513			200.00	065400137	9/13/2017	22 Demand Auto Deposit
0000001							9/13/2017	

Batch 1 Total
 Debits: 200.00
 Credits: 200.00
 Difference: 0.00
 Totals: 400.00

Batch 1 Entry Count
 1
 1
 2

File Entry Count
 1
 1
 2

55

ACH \$800+\$200+\$250+\$500+\$150=\$1900.00

+ 400.⁰⁰ = 2300.00**INVOICE****Date:** August 31, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Michelle Dyess
12238 Leblanc Ln
Walker, LA 70785**Description**Pregnancy Help Center Consulting
August 2017
10 hours @ \$25.00 per hour**Amount due:**

\$250.00

Summary description of activities by category:

Hours	Activity
8	Compliance visits to Care Pregnancy Clinic, Restoration PRC, and Women's Life Ministries - Audit of 10% of present month client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents

ACH \$800 + \$200 + \$250 + \$500 + \$150 = ~~\$1900.00~~
 + 400.00 = \$2300

Hold	Batch	Name	Free Form Addenda	Account	Identification	Discretionary	Amount	Routing/Transit	Effective Date	Transaction Code
N	0000001	Caring To Love August 2017		[REDACTED]			250.00	265070435	9/11/2017	27 Demand Auto Payment
N	0000001	Michelle Dyeas August 2017		[REDACTED]			250.00	065000090	9/11/2017	22 Demand Auto Deposit
N	0000001	Caring To Love August 2017		[REDACTED]			500.00	265070435	9/11/2017	27 Demand Auto Payment
N	0000001	Alexis Farrugia August 2017		[REDACTED]			500.00	065000090	9/11/2017	22 Demand Auto Deposit

Batch 1 Total
 Debits: 750.00
 Credits: 750.00
 Difference: 0.00
 Totals: 1,500.00

Batch 1 Entry Count
 2
 2
 4

File Total
 Debits: 750.00
 Credits: 750.00
 Difference: 0.00
 Totals: 1,500.00

File Entry Count
 2
 2
 4

$$\begin{aligned} \text{ACH } \$800 + \$200 + \$250 + \$500 + \$150 &= \$1900.00 \\ + 400 &= \underline{\underline{2300.00}} \end{aligned}$$

INVOICE

Date: August 31, 2017

Attention: Dorothy Wallis

Bill to: Caring to Love Ministries 3813 North Flannery Rd. Baton Rouge, LA 70814	Remit to: Alexis Farrugia 416 Shrewsbury Ct. Jefferson, LA 70121
--	--

Description Pregnancy Help Center Consulting August 2017 20 hours @ \$25.00 per hour	Amount due: \$500.00
--	--------------------------------

Summary description of activities by category:

Hours	Activity
3	Compliance visits to ACCESS Pregnancy Center - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & submission of Compliance Documents
15	Review and verification of Clinic billing packets, compilation of error report

id	Batch	Name First Form Addenda	Account	Identification	Discretionary	Amount	Routine/Transit	Effective Date	Transaction Code
✓	0000001	Caring To Love August 2017				250.00	265070435	9/11/2017	27 Demand Auto Payment
✓	0000001	Michelle Dyess August 2017				250.00	065000090	9/11/2017	22 Demand Auto Deposit
✓	0000001	Caring To Love August 2017				500.00	265070435	9/11/2017	27 Demand Auto Payment
✓	0000001	Alexis Farrugia August 2017				500.00	065000090	9/11/2017	22 Demand Auto Deposit

ACH \$800+\$200+\$200+\$250+\$500+\$150 = ~~\$1900.00~~+400.00 = ~~\$2300.00~~Batch 1 Total

Debits: 750.00
Credits: 750.00
Difference: 0.00
Totals: 1,500.00

Batch 1 Entry Count

2
2
4

File Total

Debits: 750.00
Credits: 750.00
Difference: 0.00
Totals: 1,500.00

File Entry Count

2
2
4

$$\text{ACH } \$800 + \$200 + \$250 + \$500 + \$150 = \$1900.00$$
$$+ 400. = \$2300.$$

INVOICE**Date:** August 31, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Emily Ilgenfritz
10012 Rocky Knoll Circle
Shreveport, LA 71106**Description**Pregnancy Help Center Consulting
August 2017
10 hours @ \$15.00 per hour**Amount due:**

\$150.00

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$200+\$250+\$500+\$150=~~\$1900.00~~
 + 400.00 = \$2300.00

Batch	Name	Account	Identification	Discretionary	Amount	Routine/Transit	Effective Date	Transaction Code
00000001	Free Form Addenda Caring To Love August 2017				150.00	265070435	9/13/2017	27 Demand Auto Payment
00000001	Emily Igenfriz August 2017				150.00	111103650	9/13/2017	22 Demand Auto Deposit
00000001							9/13/2017	

Batch 1 Total		Batch 1 Entry Count	
Debits:	150.00	1	1
Credits:	150.00		
Difference:	0.00		
Totals:	300.00	2	

File Total		File Entry Count	
Debits:	150.00	1	1
Credits:	150.00		
Difference:	0.00		
Totals:	300.00	2	

PO# 2000 224936

SECTION G

OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

August 2017 BILLED **

TOTAL ALL SUB REPORTS

Cumm from Last Month	180 Cumm 2nd Visits Last Month	138
Number of New Participants	204 New 2nd Visits	141
Cummulative Participants	384 Cumm 2nd Visits	279

Client Services

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	204	\$ 2,040.00
2 Positive Pregnancy Test	\$ 10.00	143	\$ 1,430.00
3 Negative Pregnancy Test	\$ 10.00	61	\$ 610.00
4 Abstinence Education	\$ 30.00	61	\$ 1,830.00
5 Counseling	\$ 40.00	129	\$ 5,160.00
6 Referral Services	\$ 10.00	141	\$ 1,410.00
7 Health Risk Assessment	\$ 30.00	141	\$ 4,230.00
8 Care Plan Development	\$ 30.00	143	\$ 4,290.00
9 On-going Care	\$ 30.00	87	\$ 2,610.00
10 Family Support Services	\$ 40.00	82	\$ 3,280.00
11 Home Outreach Support Services	\$ 75.00	43	\$ 3,225.00
12 Birth Outcome Confirmation	\$ 40.00	53	\$ 2,120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		1,268	\$ 32,235.00

Amount Due \$ 32,235.00

Care Pregnancy Clinic	\$ 11,030.00
Women's Resource Center of Natch LA	\$ 6,430.00
A Pregnancy Center	\$ 5,070.00
Access Pregnancy-(Catholic Charities)	\$ 1,400.00
Women's Life Ministries	\$ 2,305.00
Restoration House	\$ 4,040.00
CPC-Gonzales	\$ 1,960.00

TOTAL ALL CENTERS**\$ 32,235.00**

Request for Reimbursement Form
Louisiana Life Choice Project
Official Life Choice Project Monthly Reporting Form

Name of Organization Care Pregnancy Clinic
Project Number LCP 17-18-01
Date of Report 08/01/2017 thru 08/31/2017
Report Submitted by Jashonda Monic Adams
Address 3813 N. Flannery Road
City, State, Zip Baton Rouge, LA 70814

New Pos. Clients:

47
10

 2nd

47

 3rd

24
28

Home BirthOut
Description of Services #Served Reim. Cost Total

Intake Application	76	\$10	\$760
Positive Pregnancy Test	47	\$10	\$470
Negative Pregnancy Test	29	\$10	\$290
Abstinence Education	29	\$30	\$870
Counseling	47	\$40	\$1,880
Referral Services	47	\$10	\$470
Health Risk Assessment	47	\$30	\$1,410
Care Plan Development	47	\$30	\$1,410
On-Going Care Monitoring	24	\$30	\$720
Family Support Services	11 22 24	\$40	\$960 880
Home Outreach Support Services	10	\$75	\$750
Birth Outcome Confirmation	28	\$40	\$1,120

Total Services

453
455

\$11,030
\$11,110

Director Signature _____
Supervisor Signature Jashonda Adams
Data Entry Clerk's Signature Sheron

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy Clinic**LCP 17-18-01**

Cumm from Last Month	65	Cumm 2nd Visits Last Month	47
Number of New Participants for This Month	76	New 2nd Visits	47
Cummulative Participants	141	Cumm 2nd Visits	94

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	76	\$ 760.00
2 Positive Pregnancy Test	\$ 10.00	47	\$ 470.00
3 Negative Pregnancy Test	\$ 10.00	29	\$ 290.00
4 Abstinence Education	\$ 30.00	29	\$ 870.00
5 Counseling	\$ 40.00	47	\$ 1,880.00
6 Referral Services	\$ 10.00	47	\$ 470.00
7 Health Risk Assessment	\$ 30.00	47	\$ 1,410.00
8 Care Plan Care	\$ 30.00	47	\$ 1,410.00
9 On-going Care	\$ 30.00	24	\$ 720.00
10 Family Support Services	\$ 40.00	22	\$ 880.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	28	\$ 1,120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		453	\$ 11,030.00

Amount Due \$ 11,030.00

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Transfer Confirmation as of 09/12/2017 1:29 PM

CARE PREGNANCY CLINI		Transfer Summary	
Transfer Date:	09/13/2017	Number of Transfer Items:	1
Transfer Amount:	11,030.00	Total of Transfer Amounts:	11,030.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	2650-70435		
From Account Type:	Demand Deposit		
From Account:	100526649		
To Institution R/T Number:	0654-00153		
To Account Type:	Demand Deposit		
To Account:	48236569		
Confirmation Number:	110043953		
Status:	Approved		

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Request for Reimbursement Form
Louisiana Life Choice Project
Official Life Choice Project Monthly Reporting Form

Name of Organization Women's Resource Center
Project Number 04-17-18
Date of Report Aug-17
Report Submitted by Beverly Broadway
Address 107 North Street
City, State, Zip Natchitoches, LA 71457

New Pos. Clients: 28 ^{2nd}
Home 12
Description of Services BirthOut #Served Reim. Cost Total

Intake Application	33	\$10	\$330
Positive Pregnancy Test	28	\$10	\$280
Negative Pregnancy Test	5	\$10	\$50
Abstinence Education	5	\$30	\$150
Counseling	28	\$40	\$1,120
Referral Services	28	\$10	\$280
Health Risk Assessment	28	\$30	\$840
Care Plan Development	28	\$30	\$840
On-Going Care Monitoring	16	\$30	\$480
Family Support Services	16	\$40	\$640
Home Outreach Support Services	12	\$75	\$900
Birth Outcome Confirmation	13	\$40	\$520

Total Services

240 ²⁴⁴
6430 ⁶⁴³⁰
\$6,590

Director Signature

Supervisor Signature

Data Entry Clerk's Signature



SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cummm from Last Month 28 Cummm 2nd Visits Last Month 23

Number of New Participants for This Month 33 New 2nd Visits 28

Cummmulative Participants 61 Cummm 2nd Visits 51

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	33	\$ 330.00
2 Positive Pregnancy Test	\$ 10.00	28	\$ 280.00
3 Negative Pregnancy Test	\$ 10.00	5	\$ 50.00
4 Abstinence Education	\$ 30.00	5	\$ 150.00
5 Counseling	\$ 40.00	28	\$ 1,120.00
6 Referral Services	\$ 10.00	28	\$ 280.00
7 Health Risk Assessment	\$ 30.00	28	\$ 840.00
8 Care Plan Care	\$ 30.00	28	\$ 840.00
9 On-going Care	\$ 30.00	16	\$ 480.00
10 Family Support Services	\$ 40.00	16	\$ 640.00
11 Home Outreach Support Services	\$ 75.00	12	\$ 900.00
12 Birth Outcome Confirmation	\$ 40.00	13	\$ 520.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		240	\$ 6,430.00

Amount Due \$ 6,430.00

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Transfer Confirmation as of 09/12/2017 1:30 PM

WOMENS RES CEN NATCH Transfer Date: 09/13/2017 Transfer Amount: 6,430.00 From Account Nickname: LCP CHECKING From Institution R/T Number: [REDACTED] From Account Type: Demand Deposit From Account: [REDACTED] To Institution R/T Number: [REDACTED] To Account Type: Demand Deposit To Account: [REDACTED] Confirmation Number: 110051636 Status: Approved		Transfer Summary Number of Transfer Items: 1 Total of Transfer Amounts: 6,430.00 Important: You May Want to Print this Page for Future Reference.
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Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization A Pregnancy Center & Clinic
 Project Number 17-18-103
 Date of Report 08/01/2017 thru 08/31/2017
 Report Submitted by Patrice Lewis
 Address 913 S. College Road, Suite 206
 City, State, Zip Lafayette, LA 70503

New Pos. Clients:

20^{2nd}
 10^{3rd}

BirthOut

#Served

18^{5th}
 5^{3rd}

Reim. Cost

Total

Intake Application
 Positive Pregnancy Test
 Negative Pregnancy Test
 Abstinence Education
 Counseling
 Referral Services
 Health Risk Assessment
 Care Plan Development
 On-Going Care Monitoring
 Family Support Services
 Home Outreach Support Services
 Birth Outcome Confirmation

30
 20
 10
 10
 20
 20
 20
 20
 18
 12
 10
 5

\$10	\$300
\$10	\$200
\$10	\$100
\$30	\$300
\$40	\$800
\$10	\$200
\$30	\$600
\$30	\$600
\$30	\$540
\$40	\$480
\$75	\$750
\$40	\$200

Total Services

195

\$5,070

Director Signature

Supervisor Signature

Data Entry Clerk's Signature

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month	28	Cumm 2nd Visits Last Month	27
Number of New Participants for This Month	30	New 2nd Visits	20
Cummulative Participants	58	Cumm 2nd Visits	47

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	30	\$ 300.00
2 Positive Pregnancy Test	\$ 10.00	20	\$ 200.00
3 Negative Pregnancy Test	\$ 10.00	10	\$ 100.00
4 Abstinence Education	\$ 30.00	10	\$ 300.00
5 Counseling	\$ 40.00	20	\$ 800.00
6 Referral Services	\$ 10.00	20	\$ 200.00
7 Health Risk Assessment	\$ 30.00	20	\$ 600.00
8 Care Plan Care	\$ 30.00	20	\$ 600.00
9 On-going Care	\$ 30.00	18	\$ 540.00
10 Family Support Services	\$ 40.00	12	\$ 480.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	5	\$ 200.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		195	\$ 5,070.00

Amount Due \$ **5,070.00**

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Transfer Confirmation as of 09/12/2017 1:30 PM

A PREGNANCY CENTER
Transfer Date: 09/13/2017
Transfer Amount: 5,070.00
From Account Nickname: LCP CHECKING
From Institution R/T Number: [REDACTED]
From Account Type: Demand Deposit
From Account: [REDACTED]
To Institution R/T Number: [REDACTED]
To Account Type: Demand Deposit
To Account: [REDACTED]
Confirmation Number: 110055283
Status: Approved

Transfer Summary
Number of Transfer Items: 1
Total of Transfer Amounts: 5,070.00
Important: You May Want to Print this Page for Future Reference.

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Request for Reimbursement Form
Louisiana Life Choice Project
Official Life Choice Project Monthly Reporting Form

Name of Organization Type name here Access Pregnancy & Referral Center
 Project Number Type project number here 17-18-107
 Date of Report Type date here 8/30/2017
 Report Submitted by Type submitted by here M. Kugelman
 Address Type address here 921 Aris Ave.
 City, State, Zip Type city,state, zip here Metairie, La. 70005

New Pos. Clients:

14	2 nd
0	

12	3 rd

4
0

Home

Description of Services

#Served

Reim. Cost

Total

Intake Application
 Positive Pregnancy Test
 Negative Pregnancy Test
 Abstinence Education
 Counseling
 Referral Services
 Health Risk Assessment
 Care Plan Development
 On-Going Care Monitoring
 Family Support Services
 Home Outreach Support Services
 Birth Outcome Confirmation

16	\$10	\$160
14	\$10	\$140
2	\$10	\$20
2	\$30	\$60
14	\$40	\$560
14	\$10	\$140
14	\$30	\$420
14	\$30	\$420
5	\$30	\$150
5	\$40	\$200
0	\$75	\$0
1	\$40	\$40

Total

Services

76
101

\$140
\$2,310

Director Signature

Michelle Black

Supervisor Signature

Margaret Murphy

Data Entry Clerk's Signature

Madeline Kugelman

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	13	Cumm 2nd Visits Last Month	12
Number of New Participants for This Month	16	New 2nd Visits	12
Cummulative Participants	29	Cumm 2nd Visits	24

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	16	\$ 160.00
2 Positive Pregnancy Test	\$ 10.00	14	\$ 140.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	-	\$ -
6 Referral Services	\$ 10.00	12	\$ 120.00
7 Health Risk Assessment	\$ 30.00	12	\$ 360.00
8 Care Plan Care	\$ 30.00	14	\$ 420.00
9 On-going Care	\$ 30.00	4	\$ 120.00
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		76	\$ 1,400.00

Amount Due \$ **1,400.00**

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Transfer Confirmation as of 09/12/2017 1:31 PM

CATHOLIC CHARITIES		Transfer Summary	
Transfer Date:	09/13/2017	Number of Transfer Items:	1
Transfer Amount:	1,400.00	Total of Transfer Amounts:	1,400.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	2650-70435		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110062623		
Status:	Approved		

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Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

TR
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Name of Organization Women's Life Ministries
 Project Number 17-18 112
 Date of Report August 1-August 31, 2017
 Report Submitted by Teresa Ragusa
 Address 109 E. Mulberry St.
 City, State, Zip Amite, La. 70422

	9 2 nd	9 3 rd	4	
New Pos. Clients:	3	BirthOut	3	
Home		#Served	Reim. Cost	Total
Intake Application		12	\$10	\$120
Positive Pregnancy Test		9	\$10	\$90
Negative Pregnancy Test		3	\$10	\$30
Abstinence Education		3	\$30	\$90
Counseling		9	\$40	\$360
Referral Services		9	\$10	\$90
Health Risk Assessment		9	\$30	\$270
Care Plan Development		9	\$30	\$270
On-Going Care Monitoring		4	\$30	\$120
Family Support Services		13	\$40	\$520
Home Outreach Support Services		3	\$75	\$225
Birth Outcome Confirmation		3	\$40	\$120
Total		Services 86		\$2,305

Director Signature

Teresa Ragusa

Supervisor Signature

Carolyn...

Data Entry Clerk's Signature

Phyllis...

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Life MinistriesLCP17-18-112

Cumm from Last Month	4	Cumm 2nd Visits Last Month	3
Number of New Participants for This Month	12	New 2nd Visits	9
Cummulative Participants	16	Cumm 2nd Visits	12

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	12	\$ 120.00
2 Positive Pregnancy Test	\$ 10.00	9	\$ 90.00
3 Negative Pregnancy Test	\$ 10.00	3	\$ 30.00
4 Abstinence Education	\$ 30.00	3	\$ 90.00
5 Counseling	\$ 40.00	9	\$ 360.00
6 Referral Services	\$ 10.00	9	\$ 90.00
7 Health Risk Assessment	\$ 30.00	9	\$ 270.00
8 Care Plan Care	\$ 30.00	9	\$ 270.00
9 On-going Care	\$ 30.00	4	\$ 120.00
10 Family Support Services	\$ 40.00	13	\$ 520.00
11 Home Outreach Support Services	\$ 75.00	3	\$ 225.00
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		86	\$ 2,305.00

Amount Due \$ **2,305.00**

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Transfer Confirmation as of 09/12/2017 1:32 PM

WOMENS LIFE MINISTRI Transfer Date: 09/13/2017 Transfer Amount: 2,305.00 From Account Nickname: LCP CHECKING From Institution R/T Number: [REDACTED] From Account Type: Demand Deposit From Account: [REDACTED] To Institution R/T Number: [REDACTED] To Account Type: Demand Deposit To Account: [REDACTED] Confirmation Number: 110071133 Status: Approved		Transfer Summary Number of Transfer Items: 1 Total of Transfer Amounts: 2,305.00 Important: You May Want to Print this Page for Future Reference.
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Request for Reimbursement Form
Louisiana Life Choice Project
Official Life Choice Project Monthly Reporting Form

Name of Organization RESTORATION HOUSE
 Project Number 17-18-116
 Date of Report AUG. 1- AUG. 31ST
 Report Submitted by BETH DAVIS
 Address 101 S. SPRUCE ST.
 City, State, Zip HAMMOND, LA 70403

New Pos. Clients:

19	2 nd
6	

Home

19	3 rd

BirthOut

#Served

19	
3	

Reim. Cost

Total

Intake Application

Positive Pregnancy Test

Negative Pregnancy Test

Abstinence Education

Counseling

Referral Services

Health Risk Assessment

Care Plan Development

On-Going Care Monitoring

Family Support Services

Home Outreach Support Services

Birth Outcome Confirmation

21	20	\$10	\$210
20	19	\$10	\$200
1		\$10	\$10
1		\$30	\$30
20	19	\$40	\$800
19		\$10	\$190
20	19	\$30	\$600
20	19	\$30	\$600
17		\$30	\$510
11		\$40	\$440
6		\$75	\$450
3		\$40	\$120

Total

Services

154
259

4040
\$4,160

Director Signature

Supervisor Signature

Data Entry Clerk's Signature

Beth Davis

Angela Du

Kim N. Gathery RN

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

Cumm from Last Month	28	Cumm 2nd Visits Last Month	22
Number of New Participants for This Month	20	New 2nd Visits	19
Cummulative Participants	48	Cumm 2nd Visits	41

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	20	\$ 200.00
2 Positive Pregnancy Test	\$ 10.00	19	\$ 190.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	19	\$ 760.00
6 Referral Services	\$ 10.00	19	\$ 190.00
7 Health Risk Assessment	\$ 30.00	19	\$ 570.00
8 Care Plan Care	\$ 30.00	19	\$ 570.00
9 On-going Care	\$ 30.00	17	\$ 510.00
10 Family Support Services	\$ 40.00	11	\$ 440.00
11 Home Outreach Support Services	\$ 75.00	6	\$ 450.00
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		154	\$ 4,040.00

Amount Due \$ 4,040.00

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Transfer Confirmation as of 09/12/2017 1:32 PM

RESTORATION PREGNANC		Transfer Summary	
Transfer Date:	09/13/2017	Number of Transfer Items:	1
Transfer Amount:	4,040.00	Total of Transfer Amounts:	4,040.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110074804		
Status:	Approved		

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Request for Reimbursement Form
Louisiana Life Choice Project
Official Life Choice Project Monthly Reporting Form

Name of Organization CPC Gonzales
 Project Number 17-18-1.01
 Date of Report 8/31/2017
 Report Submitted by Michelle Dyess
 Address 322 E Worthy St
 City, State, Zip Gonzales LA 70737

New Pos. Clients:

6 ~~5~~ 2nd
 2 ~~5~~

Home

Description of Services

6 ~~5~~ 3rd
 BirthOut
 #Served

4 ~~5~~
 1 ~~5~~

Reim. Cost Total

Intake Application	17	///	\$10	\$170
Positive Pregnancy Test	6	///	\$10	\$60
Negative Pregnancy Test	11	///	\$10	\$110
Abstinence Education	11	///	\$30	\$330
Counseling	6	///	\$40	\$240
Referral Services	6	///	\$10	\$60
Health Risk Assessment	6	///	\$30	\$180
Care Plan Development	6	///	\$30	\$180
On-Going Care Monitoring	4	///	\$30	\$120
Family Support Services	8	///	\$40	\$320
Home Outreach Support Services	2	///	\$75	\$150
Birth Outcome Confirmation	1	///	\$40	\$40

Total Services 84 \$1,960

Director Signature Michelle Dyess

Supervisor Signature Michelle Dyess

Data Entry Clerk's Signature Michelle Dyess

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	14	Cumm 2nd Visits Last Month	4
Number of New Participants for This Month	17	New 2nd Visits	6
Cummulative Participants	31	Cumm 2nd Visits	10

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	17	\$ 170.00
2 Positive Pregnancy Test	\$ 10.00	6	\$ 60.00
3 Negative Pregnancy Test	\$ 10.00	11	\$ 110.00
4 Abstinence Education	\$ 30.00	11	\$ 330.00
5 Counseling	\$ 40.00	6	\$ 240.00
6 Referral Services	\$ 10.00	6	\$ 60.00
7 Health Risk Assessment	\$ 30.00	6	\$ 180.00
8 Care Plan Care	\$ 30.00	6	\$ 180.00
9 On-going Care	\$ 30.00	4	\$ 120.00
10 Family Support Services	\$ 40.00	8	\$ 320.00
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	1	\$ 40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		84	\$ 1,960.00

Amount Due \$ 1,960.00

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Transfer Confirmation as of 09/12/2017 1:33 PM

CARE PREGNANCY CLINI		Transfer Summary	
Transfer Date:	09/13/2017	Number of Transfer Items:	1
Transfer Amount:	1,960.00	Total of Transfer Amounts:	1,960.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110082384		
Status:	Approved		

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PO# 2000 224936

SECTION I

INDIRECT COST



Invoice

August 2017

Dorothy Wallis
3813 North Flannery
Baton Rouge, LA 70814
(225) 215-0004 office
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this 2 day of September, 2017

S. SCOTT WILFONG
NOTARY PUBLIC
ID # 82151
commission does not expire

PO# 2000 224936-0817

Section I-Indirect Costs-Project Admin Page 2 of 3

Id	Batch	Name	Account	Identification	Discretionary	Amount	Routing/Transit	Effective Date	Transaction Code
1	00000001	Free Form Addenda							
1	00000001	Caring To Love August 2017				4,500.00	265070435	9/11/2017	27 Demand Auto Payment
1	00000001	Dorothy Wallis August 2017				4,500.00	065400137	9/11/2017	22 Demand Auto Deposit
1	00000001							9/11/2017	

Batch 1 Total

Debits:	4,500.00	Batch 1 Entry Count	1
Credits:	4,500.00		1
Difference:	0.00		
Totals:	9,000.00		2

File Total

Debits:	4,500.00	File Entry Count	1
Credits:	4,500.00		1
Difference:	0.00		
Totals:	9,000.00		2

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: August 2017

Employee's Name: Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	
LCP	6.8	7.7	8.5	6.8	3.4	0	7.7	7.7	6.8	8.5	7.7	3.4	0	8.5	7.7	6.8	7.7	6.8	3.4	0	7.7	7.7	6.8	8.5	6.8	3.4	0	7.7	7.7	6.8	6.8	185.3	0.0
ADMIN	1.2	1.4	1.5	1.2	.6	0	1.4	1.4	1.2	1.5	1.4	.6	0	1.5	1.4	1.2	1.4	1.2	.6	0	1.4	1.4	1.2	1.5	1.2	.6	0	1.4	1.4	1.2	1.2	32.7	0.0
Hours	8.0	9	10	8	4	0	9	9	8	10	9	4	0	10	9	8	9	8	4	0	9	9	8	10	8	4	0	9	9	8	8	218.0	0.0

Employee Signature:

Dorothy Wallis

Date:

9/5/17

Supervisor Signature:

James D. Smith

Date:

9/5/17

GBS56381000186020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.**Group Payment Notice****CARING TO LOVE MINISTRIES**ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814Group ID: 27A61ERC
Subgroup ID: 0000Due Date: 08/15/2017
Billing Date: 07/31/2017Invoice Period From : 08/15/2017
Invoice Period Through: 09/14/2017
Invoice Number : 172120004489

Subscriber Count: 2

SECTION I Indirect Cost-Insurance**LCP Budget to reimburse CTLM = \$250.00 for month**

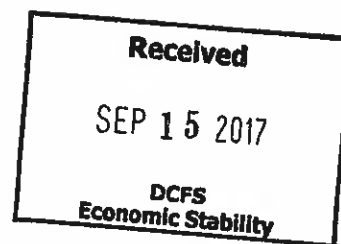
Outstanding Balance.....	\$0.00
Premiums This Period.....	\$2,134.03
Member Adjustments.....	\$292.43
Fees and Other Adjustments.....	\$0.00
Current Billed Amount.....	\$2,426.46

Please Pay Total Amount Due**\$2,426.46**

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana Incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ⇨

SECTION I Indirect Cost-Insurance**LCP Budget to reimburse CTLM = \$250.00 for month**

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CARING TO LOVE MINISTRIES
OPERATING ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LA 70814
(225) 273-1124

WELLS FARGO BATON ROUGE, LOUISIANA
84-15/054
8/10/17

17668

PAY TO THE ORDER OF Blue Cross Blue Shield \$ 2,426.46

Two Thousand Four Hundred Twenty-Six and 46/100 DOLLARS

Blue Cross Blue Shield
P.O. Box 650007
Dallas, TX 75265

VOID AFTER 60 DAYS
OPERATING ACCOUNT

[Signature]
AUTHORIZED SIGNATURE

MEMO
Group ID 27A61ERC Subgroup 0000 8/15/17-9/14/

⑈017668⑈ ⑆065400153⑆

000102 049 081517 1088
27A61ERC DAL CRED TO PAYEE
0712305424/12 ABS END GUAR
081517 212204 049 098

LCP Budget to reimburse CTLM = \$250.00 for month.